



General Assembly

February Session, 2002

Raised Bill No. 5555

LCO No. 1905

Referred to Committee on Human Services

Introduced by:
(HS)

***AN ACT PROVIDING FULL PAYMENT TO PHYSICIANS FOR
SERVICES PROVIDED TO DUALY-ELIGIBLE PATIENTS.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Subsection (b) of section 17b-265 of the general statutes is
2 repealed and the following is substituted in lieu thereof (*Effective July*
3 *1, 2002*):

4 (b) When a recipient of medical assistance has personal health
5 insurance in force covering care or other benefits provided under such
6 program, payment or part-payment of the premium for such insurance
7 may be made when deemed appropriate by the Commissioner of
8 Social Services. [Effective January 1, 1992, the commissioner shall limit
9 reimbursement to medical assistance providers, except those providers
10 whose rates are established by the Commissioner of Public Health
11 pursuant to chapter 368d, for coinsurance and deductible payments
12 under Title XVIII of the Social Security Act to assure that the combined
13 Medicare and Medicaid payment to the provider shall not exceed the
14 maximum allowable under the Medicaid program fee schedules.]

This act shall take effect as follows:	
Section 1	<i>July 1, 2002</i>

Statement of Purpose:

To eliminate the provision that requires the Commissioner of Social Services to limit reimbursement to medical assistance providers for coinsurance and deductible payments under the Social Security Act to assure that the combined Medicare and Medicaid payment to the provider does not exceed the maximum under the Medicaid program fee schedules.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]